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EXAMINER
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ART UNIT	PAPER NUMBER
3626	

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Please find below and/or attached an Office communication concerning this application or proceeding.

PTO-90C (Rev. 10/03)

	Application No.	Applicant(s)
Office Action Summary	09/833,148	KIMATA, YUSUKE
	Examiner	Art Unit	
	Russell S. Glass	3626	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE <u>3</u> MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.
- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1) ☒ Responsive to communication(s) filed on *11 April 2001*.

2a) ☐ This action is **FINAL**.   2b) ☒ This action is non-final.

3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4) ☒ Claim(s) *1-21* is/are pending in the application.

    4a) Of the above claim(s) _____ is/are withdrawn from consideration.

5) ☐ Claim(s) _____ is/are allowed.

6) ☒ Claim(s) *1-21* is/are rejected.

7) ☐ Claim(s) _____ is/are objected to.

8) ☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9) ☐ The specification is objected to by the Examiner.

10) ☐ The drawing(s) filed on _____ is/are: a) ☐ accepted or b) ☐ objected to by the Examiner.

    Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

    Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12) ☒ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

    a) ☒ All   b) ☐ Some * c) ☐ None of:

      1. ☒ Certified copies of the priority documents have been received.

      2. ☐ Certified copies of the priority documents have been received in Application No. _____.

      3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

    * See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) ☒ Notice of References Cited (PTO-892)

2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)

3) ☒ Information Disclosure Statement(s) (PTO-1449 or PTO/SB/08)
    Paper No(s)/Mail Date _____.

4) ☐ Interview Summary (PTO-413)
    Paper No(s)/Mail Date. _____ .

5) ☐ Notice of Informal Patent Application (PTO-152)

6) ☐ Other: _____.

DETAILED ACTION

Claim Rejections - 35 USC § 112

The following is a quotation of the second paragraph of 35 U.S.C. 112:

> The specification shall conclude with one or more claims particularly pointing out and distinctly claiming the subject matter which the applicant regards as his invention.

1.   Claim 1 provides for the use of a network system in which a plurality of hospital terminals, a plurality of user terminals, and a database terminal for managing a database of information concerning medical treatment of an individual are mutually connected via a communication network, but, since the claim does not set forth any steps involved in the method, it is unclear what method applicant is intending to encompass. A claim is indefinite where it merely recites a use without any active, positive steps delimiting how this use is actually practiced.

2.   Claims 17-21 are rejected under 35 U.S.C. 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention.

In particular the claim limitations are directed to computer programs and fail to correspond with the database terminal structure in the preamble.

Claim Rejections - 35 USC § 101

35 U.S.C. 101 reads as follows:

> Whoever invents or discovers any new and useful process, machine, manufacture, or composition of matter, or any new and useful improvement thereof, may obtain a patent therefor, subject to the conditions and requirements of this title.

3.   Claim 1 is rejected under 35 U.S.C. 101 because the claimed recitation of

a use, without setting forth any steps involved in the process, results in an

improper definition of a process, i.e., results in a claim which is not a proper

process claim under 35 U.S.C. 101. See for example *Ex parte Dunki*, 153

USPQ 678 (Bd.App. 1967) and *Clinical Products, Ltd.* v. *Brenner*, 255 F.

Supp. 131, 149 USPQ 475 (D.D.C. 1966).

4.   Claims 17-21 are rejected under 35 U.S.C. 101 because the claimed

invention is directed to non-statutory subject matter.

In particular, the inventions are directed to a non-statutory computer

program. (see MPEP 2106IV(B)(1)(a) stating that data structures not claimed as

embodied in computer-readable media are descriptive material per se and are

not statutory because they are not capable of causing functional change in the

computer. See, e.g., *Warmerdam*, 33 F.3d at 1361, 31 USPQ2d at 1760 (claim to

a data structure per se held nonstatutory).)

Furthermore, the claim preambles reciting the structure of a database

terminal state only the intended use of the claimed computer program. (see

MPEP 2111.02 stating that "if the body of a claim fully and intrinsically sets forth

all of the limitations of the claimed invention, and the preamble merely states, for

example, the purpose or intended use of the invention, rather than any distinct

definition of any of the claimed invention's limitations, then the preamble is not

considered a limitation and is of no significance to claim construction." *Pitney

Bowes, Inc.* v. *Hewlett-Packard Co.*, 182 F.3d 1298, 1305, 51 USPQ2d 1161,

1165 (Fed. Cir. 1999). See also *Rowe* v. *Dror*, 112 F.3d 473, 478, 42 USPQ2d

1550, 1553 (Fed. Cir. 1997) ("where a patentee defines a structurally complete

invention in the claim body and uses the preamble only to state a purpose or

intended use for the invention, the preamble is not a claim limitation").

Claim Rejections - 35 USC § 103

5.   The following is a quotation of 35 U.S.C. 103(a) which forms the basis for

all obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described
> as set forth in section 102 of this title, if the differences between the subject matter sought to
> be patented and the prior art are such that the subject matter as a whole would have been
> obvious at the time the invention was made to a person having ordinary skill in the art to which
> said subject matter pertains. Patentability shall not be negatived by the manner in which the
> invention was made.

6.   Claim 1-3, 11, 12, and 16 are rejected under 35 U.S.C. 103(a) as being

unpatentable over Mayaud, (U.S. 5,845,255).

7.   As per claim 1, Mayaud teaches a method for sharing information

concerning an individual that uses a network system in which a plurality of

hospital terminals, a plurality of user terminals, and a database terminal for

managing a database of information of an individual are mutually connected via a

communication network (Mayaud; col. 7, lines 12-29; col. 46, lines 16-22, 32-49),

wherein information of an individual is shared after a user has acquired

space for storing information of an individual (Mayaud, col. 9, lines 1-3); and

has acquired means for placing restrictions on and removing restrictions from

access to the storage space by third parties, including hospitals (Mayaud; col. 7

lines 34-35; col. 46, lines 16-22, 32-49).

Mayaud fails to teach that the information shared is information

concerning medical treatment. However, Mayaud teaches a method for sharing

prescription information of an individual over a communication network. (Mayaud,

Abstract).

Examiner considers information concerning medical treatment to be

analogous to prescription information. It would be obvious to one of ordinary skill

in the art to share medical treatment information over the system taught by

Mayaud. The motivation would be to increase overall treatment management

efficiency, (Mayaud, col. 2, lines 53-55).

8.   As per claim 2, Mayaud teaches a method for sharing information of an

individual that uses a network system in which a plurality of hospital terminals, a

plurality of user terminals, and a database terminal for managing a database of

information of an individual are mutually connected via a communication network,

wherein:

(a)   a hospital acquires a hospital ID and a hospital password (Mayaud, col.

18, line 56),

(b)   a user acquires a user ID, a user password, a second password, and

space for storing information concerning medical treatment of an individual in a

database (Mayaud, col. 10, lines 41, 44; col. 9, lines 1-3), and

(c)   a hospital acquires individual medical treatment information from the

database using the user ID, the second password, the hospital ID, and the

hospital password as keys, and stores updated individual medical treatment

information in the database using the user ID, the second password, the hospital

ID, and the hospital password as keys (Mayaud, col. 10, lines 41, 44; col. 17, lines 40-54; col. 49, line 41).

Mayaud teaches that data access control can be realized through the use of standard identifiers such as names, passwords, unique identifiers such as alphanumeric codes, or social security numbers. These can be used alone or in sequence with one another to achieve the desired security level and to avoid confusing the files of persons with similar names. (Mayaud, col. 10, lines 41, 44; col. 17, lines 40-60). Additionally, Mayaud teaches that individuals and organizations can be given patient-defined selective access through patient-generated record-access specifications, (Mayaud, col. 18, lines 6-23).

Examiner considers this method in Mayaud to be analogous to the method in claim 2. In light of Mayaud, it would be obvious to one of ordinary skill in the art to use user and hospital I.D.'s and passwords as data keys. The motivation would be to prevent unauthorized access, (Mayaud, col. 17, lines 27-28).

It would also be obvious to one of ordinary skill in the art to share medical treatment information in lieu of the prescription information shared in Mayaud. The motivation would be to increase overall treatment management efficiency, (Mayaud, col. 2, lines 53-55).

9.   As per claim 3, Mayaud suggests the method for sharing information concerning medical treatment of an individual according to claim 2, wherein the user views individual medical treatment information on the database using the user ID and the user password as keys (Mayaud, col. 10, lines 41, 44; col. 17, lines 27-28; col. 46, lines 41-44).

Mayaud teaches that the data-access control software is accessed by patients with data-access rights. The patient terminals are separate from the physician terminals. This is considered to be analogous to the user viewing individual medical treatment information on the database using the user ID and the user password as keys.

Examiner considers this method in Mayaud to be analogous to the method in claim 2. In light of Mayaud, it would be obvious to one of ordinary skill in the art for a user to view individual treatment information on a database using I.D.'s and passwords as data keys. The motivation would be to prevent unauthorized access, (Mayaud, col. 17, lines 27-28).

10.   As per claim 11, Mayaud suggests the method for sharing information concerning medical treatment of an individual according to claim 2, wherein the user specifies a hospital and restricts access by the specified hospital to the space where the individual medical treatment information of the user is stored using the user I.D. and the user password as keys, (Mayaud, col. 10, lines 41, 44; col. 17, lines 27-28; col. 46, lines 41-44; col. 18, lines 6-23).

Mayaud teaches that the data-access control software is controlled by patients with data-access rights. The patients have the ability to control the access of organizations to stored patient records through the use of passwords, social security numbers, and alphanumeric codes.

Examiner considers this method in Mayaud to be analogous to the method in claim 11. In light of Mayaud, it would be obvious to one of ordinary skill in the art for a user to user specifies a hospital and restricts access by the specified

hospital to the space where the individual medical treatment information of the user is stored using the user I.D. and the user password as keys. The motivation would be to prevent unauthorized access of organizations such as hospitals, (Mayaud, col. 17, lines 27-28).

11.   As per claim 12, Mayaud suggests the method for sharing information concerning medical treatment of an individual according to claim 2, wherein, a cooperating company terminal that is used by a cooperating company that is in cooperation with whoever is managing the database is incorporated into the network system and, using this network system, the cooperating company acquires a cooperating company ID and cooperating company password and, after the user has given permission for the individual medical treatment information to be made available to the cooperating company using the user ID and user password as keys, the cooperating company acquires the individual medical treatment information of the user from the database using the cooperating company ID and cooperating company password as keys, (Mayaud, col. 10, lines 41, 44; col. 17, lines 27-28; col. 46, lines 41-44; col. 18, lines 6-23).

Mayaud teaches that the data-access control software is controlled by patients with data-access rights. The patients have the ability to control the access of organizations to stored patient records through the use of passwords, social security numbers, and alphanumeric codes.

Examiner considers this method in Mayaud to be analogous to the method in claim 12. In light of Mayaud, it would be obvious to one of ordinary skill in the art for a user to give permission for the user's individual medical treatment

information to be made available to a cooperating company using the user ID

and user password as keys, the cooperating company acquires the individual

medical treatment information of the user from the database using the

cooperating company ID and cooperating company password as keys. The

motivation would be to prevent unauthorized access of organizations such as

cooperating companies, (Mayaud, col. 17, lines 27-28).

12.   As per claim 16, Mayaud suggests the method for sharing information

concerning medical treatment of an individual according to claim 2, wherein the

database terminal receives a request sent from the hospital terminal or from the

cooperating company terminal for the individual medical treatment information of

the user to be made available and transfers the request to the user terminal of

the user, and also receives an approval from the user terminal regarding the

request for the individual medical treatment information to be made available,

(Mayaud, col. 10, lines 12-66; col. 17, lines 40-54; col. 18, lines 6-23; col. 50,

lines 48-54)(providing the patient with the ability to predetermine access to their

own data).

        Examiner considers this method in Mayaud to be analogous to the method

in claim 16. In light of Mayaud, the method for sharing information concerning

medical treatment of an individual, wherein the database terminal receives a

request sent from the hospital terminal or from the cooperating company terminal

for the individual medical treatment information of the user to be made available

and transfers the request to the user terminal of the user, and also receives an

approval from the user terminal regarding the request for the individual medical

treatment information to be made available would be obvious to one of ordinary

skill in the art. The motivation would be to allow the user to prevent unauthorized

access of organizations such as cooperating companies, (Mayaud, col. 17, lines

27-28).

13.   Claims 4-6, 13, 19 and 20 are rejected under 35 U.S.C. 103(a) as being

unpatentable over Mayaud as applied to claims 1- 3, 11 and 12 above, and

further in view of Nelson et al., (U.S. 6,564,104).

14.   As per claim 4, Mayaud suggests the method for sharing information

concerning medical treatment of an individual according to claim 2. However,

Mayaud fails to teach a method for sharing information wherein a charge is levied

on the hospital when the hospital acquires individual medical treatment

information from the database.

Nelson teaches a medical communications system for sharing information

concerning medical treatment, wherein a charge is levied on the hospital when

the hospital acquires individual medical treatment information from the database,

(Nelson, col. 16, lines 46-49) (providing the system to a clinical entity on a fee

per use or per data access basis is considered to be analogous to the method in

claim 4 where the data is acquired).

It would be obvious to one of ordinary skill in the art to combine Nelson

with Mayaud. The motivation would have been to provide a vital system and

method of delivering efficient therapy and clinical care to the patient, (Nelson, col.

6, lines 22-25).

15.   As per claim 5, Mayaud suggests the method for sharing information

concerning medical treatment of an individual according to claim 2. However,

Mayaud fails to teach a method for sharing information wherein a charge is levied

on the hospital when the hospital saves updated individual medical treatment

information from the database.

Nelson teaches a medical communications system for sharing information

concerning medical treatment, wherein a charge is levied on the hospital when

the hospital saves updated individual medical treatment information from the

database, (Nelson, col. 16, lines 46-49) (providing the system to a clinical entity

on a fee per use or per data access basis is considered to be analogous to the

method in claim 4 where the data is saved).

It would be obvious to one of ordinary skill in the art to combine Nelson

with Mayaud. The motivation would have been to provide a vital system and

method of delivering efficient therapy and clinical care to the patient, (Nelson, col.

6, lines 22-25).

16.   As per claim 6, Mayaud suggests the method for sharing information

concerning medical treatment of an individual according to claim 3. However,

Mayaud fails to teach a method for sharing information wherein a charge is levied

on the user when the user views individual medical treatment information.

Nelson teaches a medical communications system for sharing information

concerning medical treatment, wherein a charge is levied on the user when the

user views individual medical treatment information, (Nelson, col. 16, lines 46-49)

(providing the system to a host patient on a fee per use or per data access basis

is considered to be analogous to the method in claim 5 where the user views

data).

It would be obvious to one of ordinary skill in the art to combine Nelson

with Mayaud. The motivation would have been to provide a vital system and

method of delivering efficient therapy and clinical care to the patient, (Nelson, col.

6, lines 22-25).

17.   As per claim 13, Mayaud suggests the method for sharing information

concerning medical treatment of an individual according to claim 12. However,

Mayaud fails to teach a method for sharing information wherein a charge is levied

on the cooperating company when the cooperating company acquires individual

medical treatment information from the database.

Nelson suggests a medical communications system for sharing

information concerning medical treatment, information wherein a charge is levied

on the cooperating company when the cooperating company acquires individual

medical treatment information from the database, (Nelson, col. 16, lines 46-49)

(providing the system to a host patient or a clinicial or a clinical entity on a

subscription basis, on a fee per use, or per data access basis is considered to be

analogous to the method in claim 5 where the cooperating company acquires

data).

It would be obvious to one of ordinary skill in the art to combine Nelson

with Mayaud in order to provide information to third parties such as cooperating

companies. The motivation would be to provide a high efficiency

communications system to enhance data communications, (Nelson, col. 4, lines 37-39).

18.   Claims 7, 8, 17, 18, and 21 are rejected under 35 U.S.C. 103(a) as being unpatentable over Mayaud in view of Anderl et al, (U.S. 4,882,474).

19.   As per claim 7, Mayaud suggests the method for sharing information concerning medical treatment of an individual according to claim 2. However, Mayaud fails to teach a method for sharing information concerning medical treatment of an individual, wherein the user password is altered using the user ID and the user password as keys.

        Anderl suggests a method wherein the user password is altered using the user ID and the user password as keys, (Anderl, col. 7, lines 61-68; col. 8, lines 4-10). In Anderl, a login command and password is entered before the user is allowed to change a password. A login command is considered to be analogous to the entry of a user I.D.

        It would be obvious to one of ordinary skill in the art to combine Anderl with Mayaud. The motivation would have been to provide security protection for the system and allow for flexibility, (Anderl, col. 2, lines 17-20).

20.   As per claim 8, Mayaud suggests the method for sharing information concerning medical treatment of an individual according to claim 2. However, Mayaud fails to teach a method for sharing information concerning medical treatment of an individual, wherein second password is altered using the user ID and the user password as keys.

Anderl suggests a method wherein a second password is altered using the

user ID and the user password as keys, (Anderl, col. 7, lines 61-68; col. 8, lines

4-10). In Anderl, a login command and password is entered before the user is

allowed to change a password. A login command is considered to be analogous

to the entry of a user I.D. Additionally, Anderl teaches that multiple passwords

may be used to achieve higher levels of security, (Anderl, col. 2, lines 3-9).

It would be obvious to one of ordinary skill in the art to combine Anderl

with Mayaud. The motivation would have been to provide security protection for

the system and allow for flexibility, (Nelson, col. 2, lines 17-20).

21.   As per claim 17, Anderl suggests a database terminal for information of an

individual (Anderl, col. 9, 26-30) comprising:

(a)   a computer program for sending a user password and a second password

to a user terminal (Anderl, col. 2, lines 3-9); and

(b)   a computer program that requests the second password when a person

other than the user accesses the space where the individual information is

stored, (Anderl, col. 4 lines 64-68, col. 5, lines 1-5; col. 6, lines 19-21).

Anderl fails to disclose that the information is medical treatment

information. However, Mayaud teaches a method for sharing prescription

information of an individual over a communication network. Prescription

information is considered to be analogous to Medical treatment information.

(Mayaud, Abstract).

It would be obvious to one of ordinary skill in the art to combine Anderl

with Mayaud. The motivation would have been to provide security protection for

the system and allow for flexibility, (Anderl, col. 2, lines 17-20).

22.   As per claim 18, Anderl suggests the method for sharing information of an

individual according to claim 17, wherein there is further provided a computer

program for requesting the user password when the second password is altered,

(Anderl, col. 8, lines 4-10)(requiring that a password be given for a password to

be changed).

Anderl fails to disclose that the information is medical treatment

information. However, Mayaud teaches a method for sharing prescription

information of an individual over a communication network. Prescription

information is considered to be analogous to medical treatment information.

(Mayaud, Abstract).

It would be obvious to one of ordinary skill in the art to combine Anderl

with Mayaud. The motivation would have been to provide security protection for

the system and allow for flexibility, (Anderl, col. 2, lines 17-20).

23.   As per claim 21, Anderl suggests a database terminal for information of an

individual comprising: a computer program that follows a routine to a step in

which set conditions concerning access restrictions on the space where the

information is stored are altered if a precondition of the user password having

been requested and the requested user password having been received is met,

(Anderl, col. 7, lines 4-47; col. 8, lines 4-10)(requiring that a password be given

for a password to be changed or for read/append/write permission to be granted).

Anderl fails to disclose that the information is medical treatment information. However, Mayaud teaches a method for sharing prescription information of an individual over a communication network. Prescription information is considered to be analogous to medical treatment information. (Mayaud, Abstract).

It would be obvious to one of ordinary skill in the art to combine Anderl with Mayaud. The motivation would have been to provide security protection for the system and allow for flexibility, (Anderl, col. 2, lines 17-20).

24.   Claims 9, 14, and 15 are rejected under 35 U.S.C. 103(a) as being unpatentable over Mayaud as applied to claim 2 above, in view of Engleson et al., (U.S. 5,781,442).

25.   As per claim 9, Mayaud suggests the method for sharing information concerning medical treatment of an individual according to claim 2. However, Mayaud fails to teach a method, wherein, if updated individual medical treatment information is not saved in the database within a predetermined time after the hospital has acquired the individual medical treatment information from the database, notification is sent to the hospital requesting updated individual medical treatment information.

Engleson suggests a method, wherein, if updated individual medical treatment information is not saved in the database within a predetermined time after the hospital has acquired the individual medical treatment information from the database, notification is sent to the hospital requesting updated individual medical treatment information.

The methods disclosed in Engleson teach that a remote terminal near a patient receives medical treatment information, such as a treatment plan parameter. Then, if updated medical information regarding the planned administration of drugs or medical treatment is not transmitted from the remote terminal within a certain predetermined period, an alarm is activated to notify hospital staff to perform the treatment protocol. The facts regarding the recent treatment are then recorded, thus updating the individual medical treatment information in the database, (Engleson, Abstract; col. 1, lines 29-35; col. 4, lines 50-63; col. 6, lines 41-51; col. 8, lines 54-65; col. 9, lines 20-26; col. 10, lines 12-14; col. 11, lines 16-23).

It would be obvious to one of ordinary skill in the art to combine the teaching of Mayaud and Engleson to arrive at the method in claim 9. The motivation would be to integrate patient care information with other institutional databases to achieve a reliable, efficient, and cost-effective delivery of health care to patients (Engleson; col 2, lines 15-21).

26.   As per claim 14, Mayaud suggests the method for sharing information concerning medical treatment of an individual according to claim 2. However, Mayaud fails to teach a method for sharing information concerning medical treatment of an individual according to claim 2, wherein treatment costs are included in the individual medical treatment information.

Nelson suggests a method wherein treatment costs are included in the individual medical treatment information, (Engleson, col. 1, lines 36-42; col. 2, line 17; col. 10, lines 64-67).

It would be obvious to one of ordinary skill in the art to combine the

teaching of Mayaud and Engleson to arrive at the method in claim 14. The

motivation would be to more fully capture billing opportunities (Engleson; col 1,

lines 36-42).

27.   As per claim 15, Mayaud suggests the method for sharing information

concerning medical treatment of an individual using the user ID and user

password as keys. However, Mayaud fails to teach a method wherein the user is

issued with a treatment cost report calculated from the treatment costs on the

database.

Engleson suggests a method wherein the user is issued with a treatment

cost report calculated from the treatment costs on the database, (Engleson, col.

1, lines 36-42; col. 2, line 17; col. 10, lines 64-67).

It would be obvious to one of ordinary skill in the art to combine the

teaching of Mayaud and Engleson to arrive at the method in claim 15. The

motivation would be to more fully capture billing opportunities (Engleson; col 1,

lines 36-42).

28.   Claim 10 is rejected under 35 U.S.C. 103(a) as being unpatentable over

Mayaud in view of Engleson as applied to claim 9 above, and further in view of

Nelson.

29.   As per claim 10, Mayaud and Engleson suggest a method for sharing

information concerning medical treatment of an individual. However, they do not

clearly provide a method wherein notification of the updating of the individual

medical treatment information is sent to the user when updated individual

medical treatment information is saved in the database.

Nelson provides a method wherein notification of the updating of the

individual medical treatment information is sent to the user when updated

individual medical treatment information is saved in the database, (Nelson, col.

15, lines 47-61).

It would be obvious to one of ordinary skill in the art to combine Nelson

with the collective system of Mayaud and Engleson. The motivation would have

been to provide a high efficiency communications system to enhance data

communications. (Nelson, col. 4, lines 37-39).

30.   Claims 19 and 20 are rejected under 35 U.S.C. 103(a) as being

unpatentable over Engleson.

31.   As per claim 19, Engleson suggests a database terminal for information

concerning medical treatment of an individual comprising:

a computer program that counts a predetermined time from the point when

individual medical treatment information is sent to a hospital terminal and

determines whether or not updated individual medical treatment information has

been received, and if a precondition of the predetermined time having passed

and the updated individual medical treatment information not having been

received is met, the computer program automatically sends a notification

requesting an update of the individual medical treatment information to the

hospital terminal.

Engleson teaches that a bedside CPU near a patient receives medical treatment information, such as a treatment plan parameter. Then, if updated medical information regarding the planned administration of drugs or medical treatment is not transmitted from the bedside CPU within a certain predetermined period, an alarm is activated to notify hospital staff to perform the treatment protocol. The facts regarding the recent individual medical treatment are then recorded, thus updating the individual medical treatment information in the database, (Engleson, Abstract; col. 1, lines 29-35; col. 4, lines 50-63; col. 6, lines 41-51; col. 8, lines 54-65; col. 9, lines 20-26; col. 10, lines 12-14; col. 11, lines 16-23).

It would be obvious to one of ordinary skill in the art, in view of Engleson, to arrive at the method in claim 19. The motivation would be to integrate patient care information with other institutional databases to achieve a reliable, efficient, and cost-effective delivery of health care to patients (Engleson; col 2, lines 15-21).

32.   As per claim 20, Engleson suggests a database terminal for information concerning medical treatment of an individual comprising:

a computer program that determines whether or not updated individual medical treatment information has been received, and if a precondition of the updated individual medical treatment information having been received is met, the computer program automatically sends a notification requesting an update of the individual medical treatment information to the hospital terminal.

Engleson teaches that a bedside CPU near a patient receives medical

treatment information, such as a treatment plan parameter. Then, if updated

medical information regarding the planned administration of drugs or medical

treatment is not transmitted from the bedside CPU within a certain predetermined

period determined by the treatment plan parameter, an alarm is activated to

notify hospital staff to perform the treatment protocol. The facts regarding the

recent individual medical treatment are then recorded, thus updating the

individual medical treatment information in the database, (Engleson, Abstract;

col. 1, lines 29-35; col. 4, lines 50-63; col. 6, lines 41-51; col. 8, lines 54-65; col.

9, lines 20-26; col. 10, lines 12-14; col. 11, lines 16-23).

It would be obvious to one of ordinary skill in the art, in view of Engleson,

to arrive at the method in claim 20. The motivation would be to integrate patient

care information with other institutional databases to achieve a reliable, efficient,

and cost-effective delivery of health care to patients (Engleson; col 2, lines 15-

21).

Conclusion

33.   The prior art made of record and not relied upon is considered pertinent to

applicant's disclosure is as follows: Mehring et al., (U.S. 6,609,115); Johnson,

(U.S. 6,915,265); Schoenburg, (U.S. 6,463,417); Soong, (U.S. 6,941,271);

Killcommons et al., (U.S. Pub. 2002/0184325).

Any inquiry concerning this communication or earlier communications from

the examiner should be directed to Russell S. Glass whose telephone number is

571-272-3132. The examiner can normally be reached on M-F 8-5.

If attempts to reach the examiner by telephone are unsuccessful, the
examiner's supervisor, Joseph Thomas can be reached on 571-272-6776. The
fax phone number for the organization where this application or proceeding is
assigned is 571-273-8300.

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RSG
09/13/05

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